

2. Reducing HIV-Related Health Disparities

As a result of our ongoing investments in research and innovation, we have developed a number of new tools to help us better understand and address the needs of people living with HIV. To make this a reality, we will continue to invest in research and innovation to better understand the needs of people living with HIV and to develop new tools to help us better understand and address the needs of people living with HIV.

The National HIV/AIDS Strategy for the United States

On July 13, 2010, the White House released first formal national HIV/AIDS strategy. The three goals were:

- 1) Reduce the number of people who become infected with HIV.
- 2) Increase access to care and optimize health outcomes for people living with HIV.
- 3) Reducing HIV-related health disparities.

3. Reducing HIV-Related Health Disparities

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Vision and Goals

The Vision for the National HIV/AIDS Strategy

"The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination."

Goals of the National HIV/AIDS Strategy

Reducing New HIV Infections

- By 2015, lower the annual number of new infections by 25% (from 56,300 to 42,225).
- Reduce the HIV transmission rate, which is a measure of annual transmissions in relation to the number of people living with HIV, by 30% (from 5 persons infected per 100 people with HIV to 3.5 persons infected per 100 people with HIV).
- By 2015, increase from 79% to 90% the percentage of people living with HIV who know their serostatus (from 948,000 to 1,080,000 people).

Increasing Access to Care and Improving Health Outcomes for People Living with HIV

- By 2015, increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85% (from 26,824 to 35,078 people).
- By 2015, increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart) from 73% to 80% (or 237,924 people in continuous care to 260,739 people in continuous care).
- By 2015, increase the number of Ryan White clients with permanent housing from 82% to 86% (from 434,000 to 455,800 people). (This serves as a measurable proxy of our efforts to expand access to HUD and other housing supports to all needy people living with HIV.)

Reducing HIV-Related Health Disparities

- Improve access to prevention and care services for all Americans.
- By 2015, increase the proportion of HIV diagnosed gay and bisexual men with undetectable viral load by 20%.
- By 2015, increase the proportion of HIV diagnosed Blacks with undetectable viral load by 20%.
- By 2015, increase the proportion of HIV diagnosed Latinos with undetectable viral load by 20%.



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1. Reduce the number of people who become infected with HIV

"We must also move away from thinking that one approach to HIV prevention will work, whether it is condoms, pills, or information.

Instead, we need to develop, evaluate, and implement effective prevention strategies and combinations of approaches including...

efforts such as expanded HIV testing... education and support to encourage people to reduce risky behaviors, the strategic use of medications and biomedical interventions... the development of vaccines and microbicides, and the expansion of evidence-based mental health and substance abuse prevention and treatment programs."

- "Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.
- Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches.
- Educate all Americans about the threat of HIV and how to prevent it."




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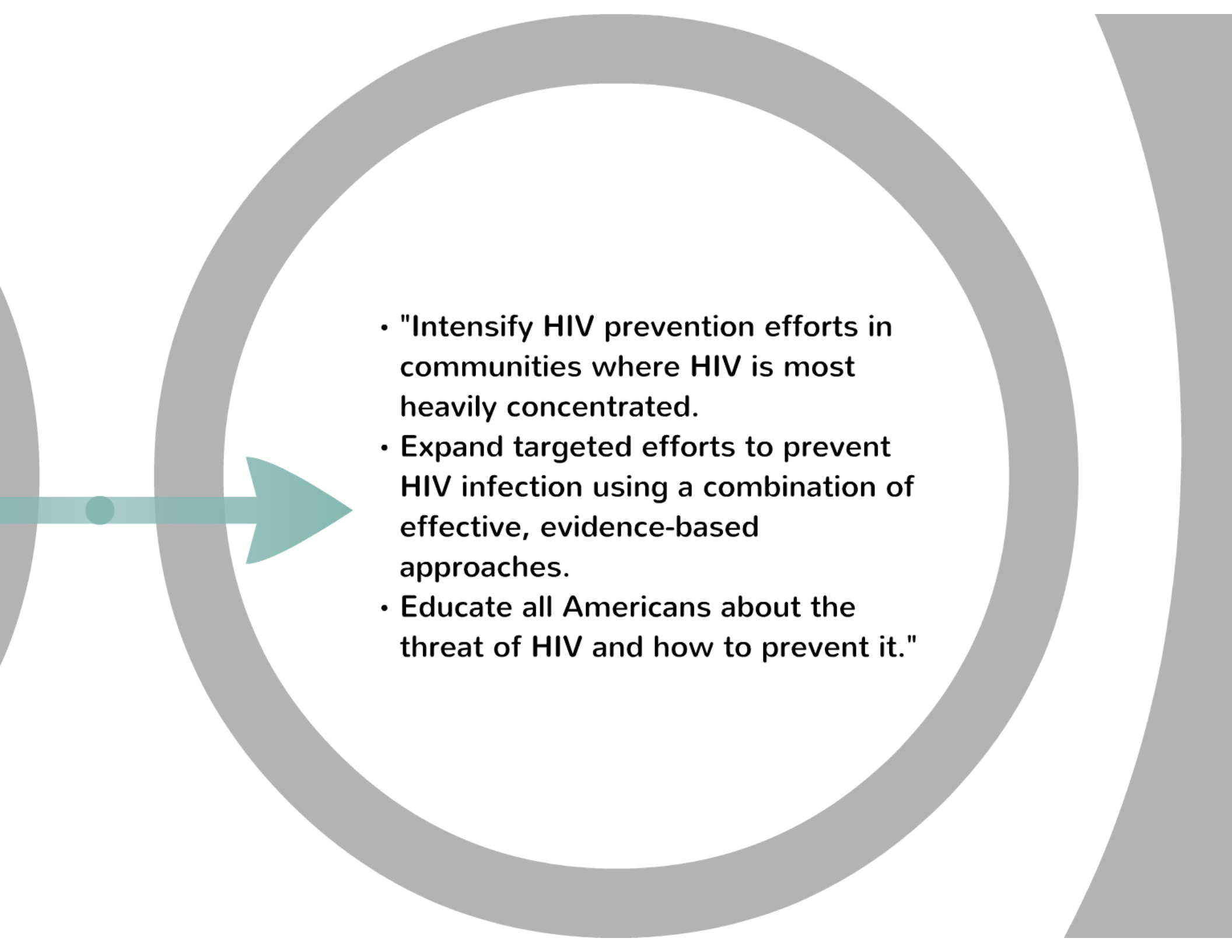
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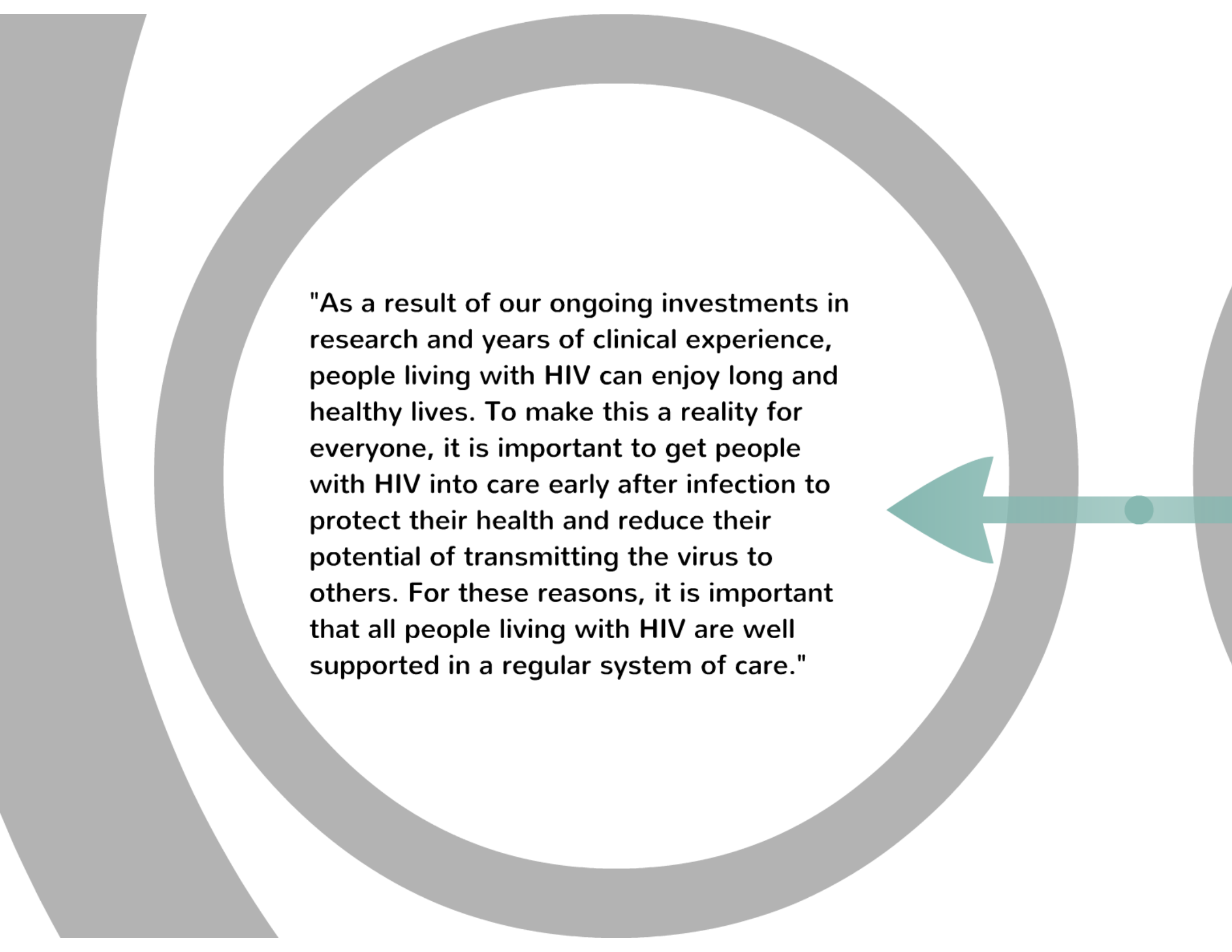
"As a result of our ongoing investments in research and years of clinical experience, people living with HIV can enjoy long and healthy lives. To make this a reality for everyone, it is important to get people with HIV into care early after infection to protect their health and reduce their potential of transmitting the virus to others. For these reasons, it is important that all people living with HIV are well supported in a regular system of care."

- Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV.
- Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV.
- Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing

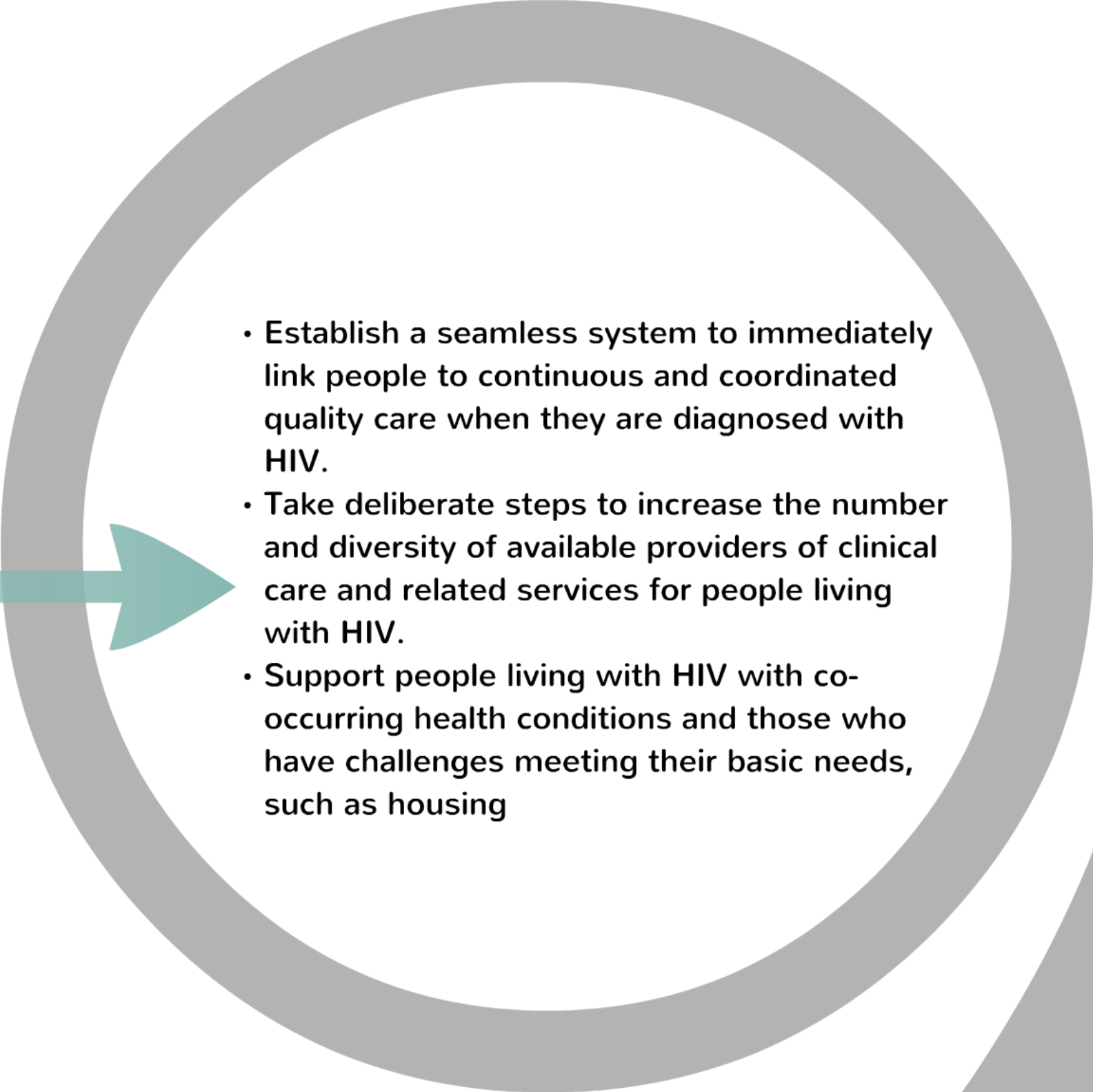

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3. Reducing HIV-Related Health Disparities


"The stigma associated with HIV remains extremely high and fear of discrimination causes some Americans to avoid learning their HIV status, disclosing their status, or accessing medical care. Data indicate that HIV disproportionately affects the most vulnerable in our society—those Americans who have less access to prevention and treatment services and, as a result, often have poorer health outcomes."

- Reduce HIV-related mortality in communities at high risk for HIV infection.
- Adopt community-level approaches to reduce HIV infection in high-risk communities.
- Reduce stigma and discrimination against people living with HIV.

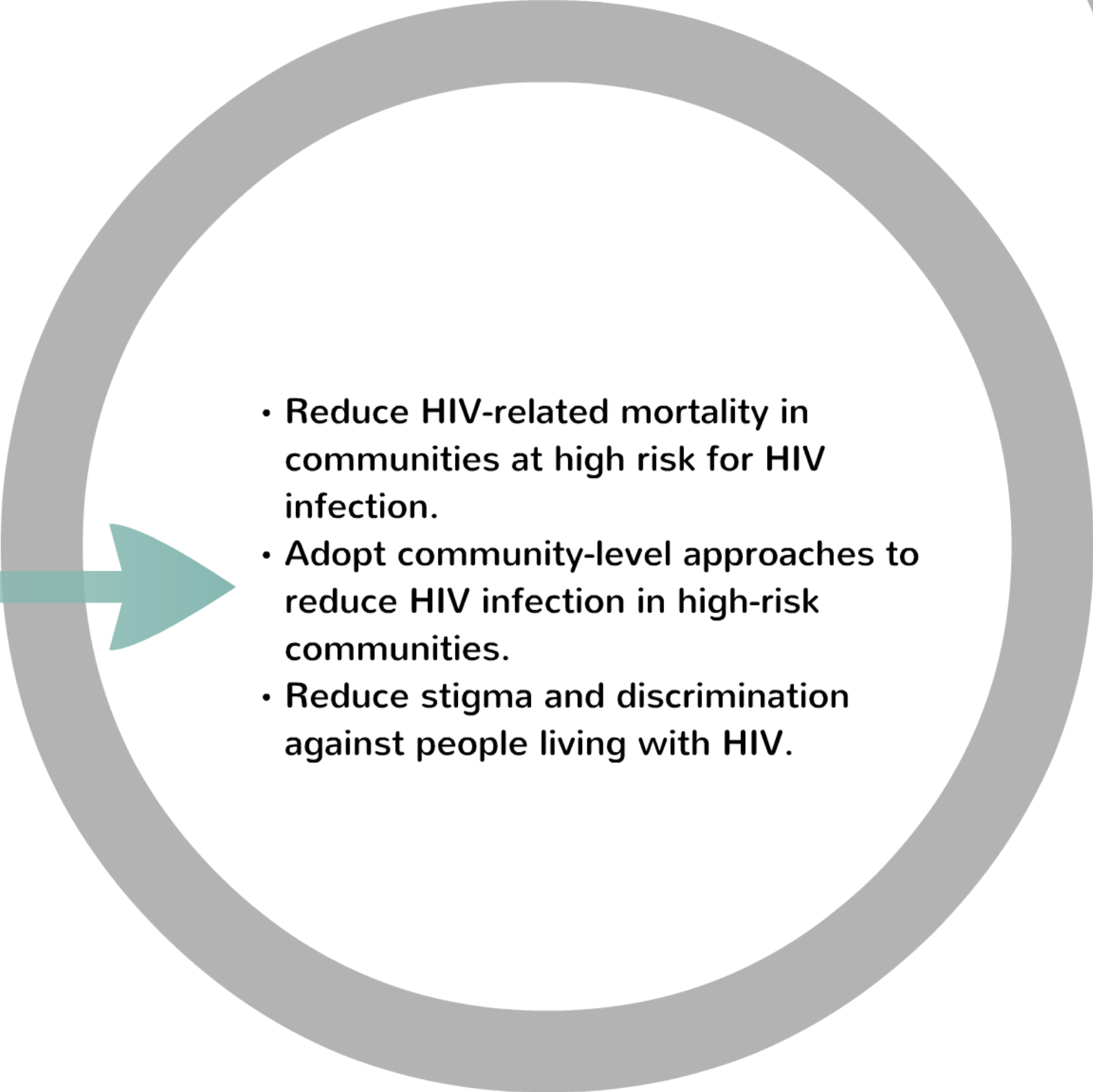
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Achieving a more coordinated national response to the HIV Epidemic in the United States


"The Nation can succeed at meeting the President's goals. It will require the Federal Government and State, tribal and local governments, however, to do some things differently. Foremost is the need for an unprecedented commitment to collaboration, efficiency, and innovation. We also must be prepared to adjust course as needed. This Strategy is intended to complement other related efforts across the Administration [including President's Emergency Plan for AIDS Relief (PEPFAR), the President's National Drug Control Strategy, and the Federal Strategic Plan to Prevent and End Homelessness]."

- Increase the coordination of HIV programs across the Federal government and between federal agencies and state, territorial, tribal, and local governments.
- Develop improved mechanisms to monitor and report on progress toward achieving national goals.

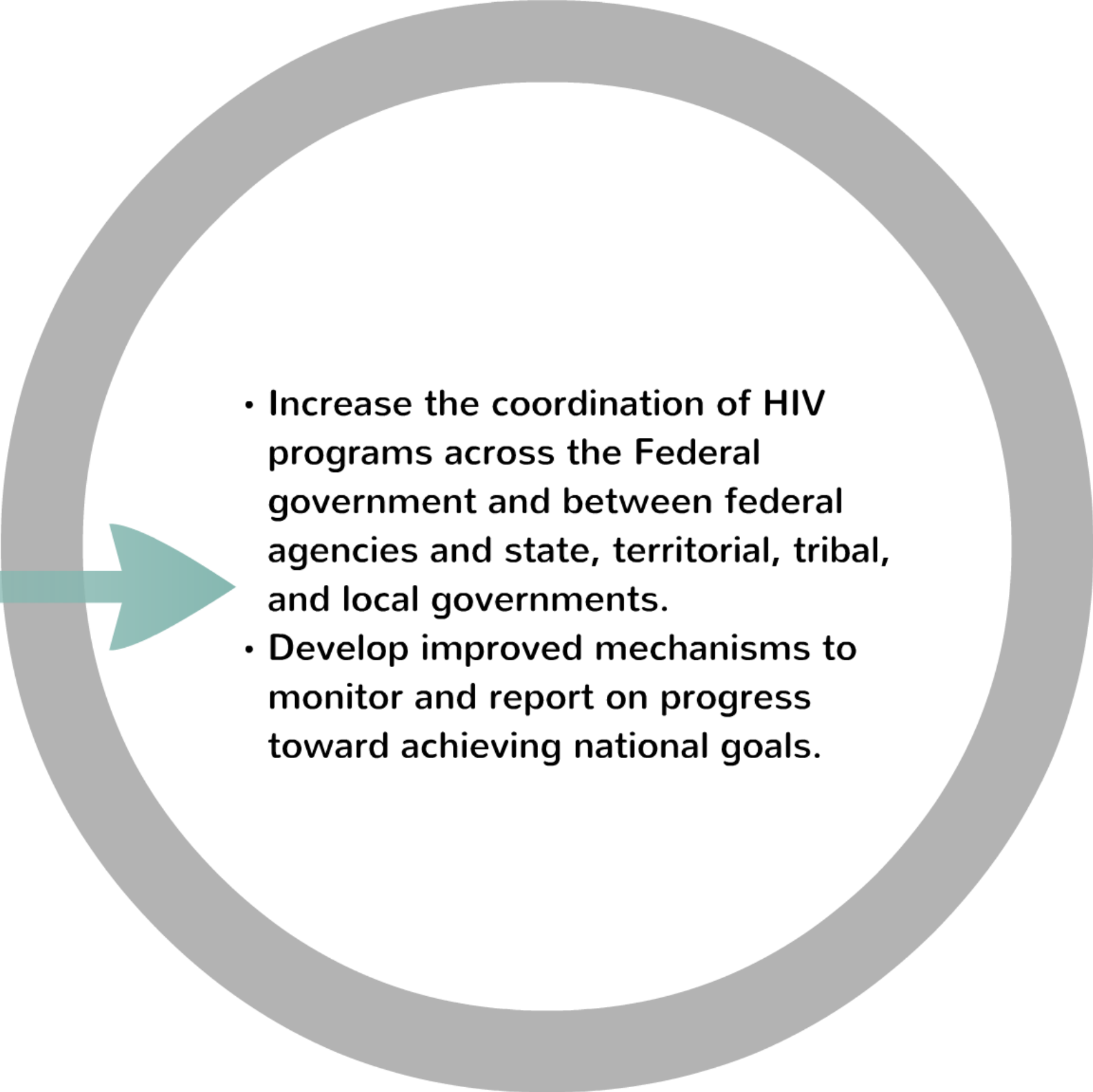
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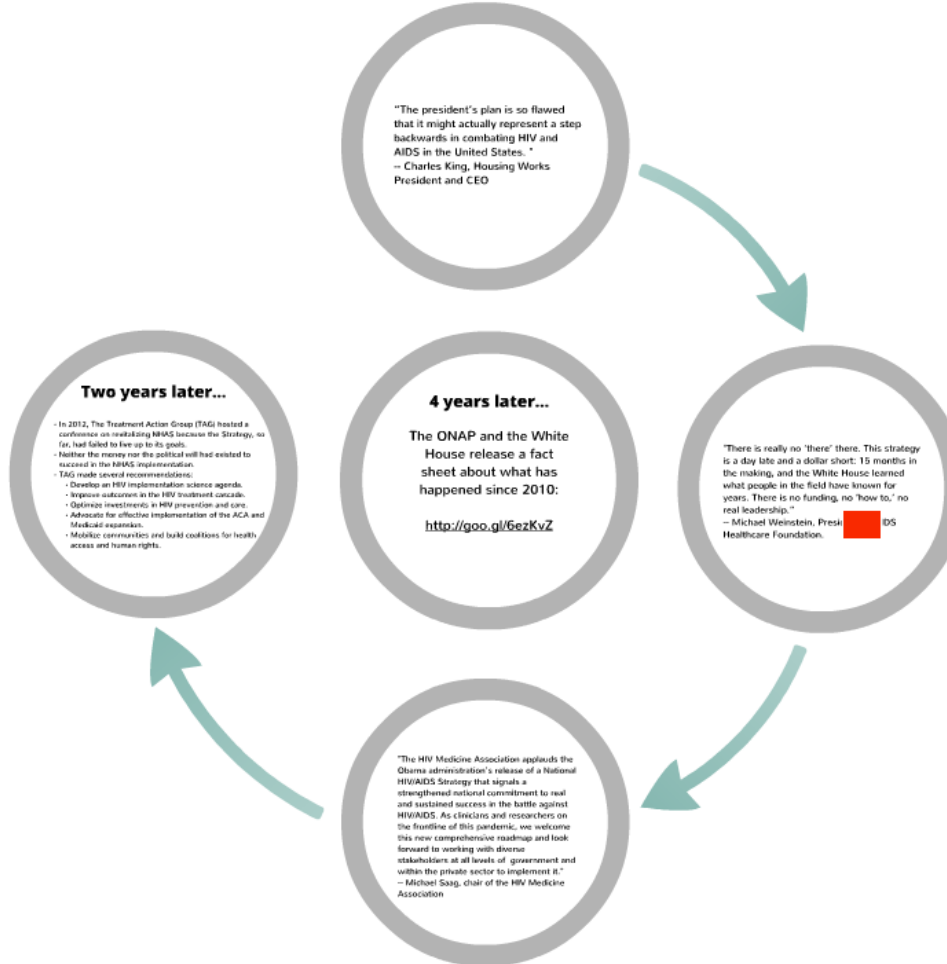
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Reactions, Criticisms, Results




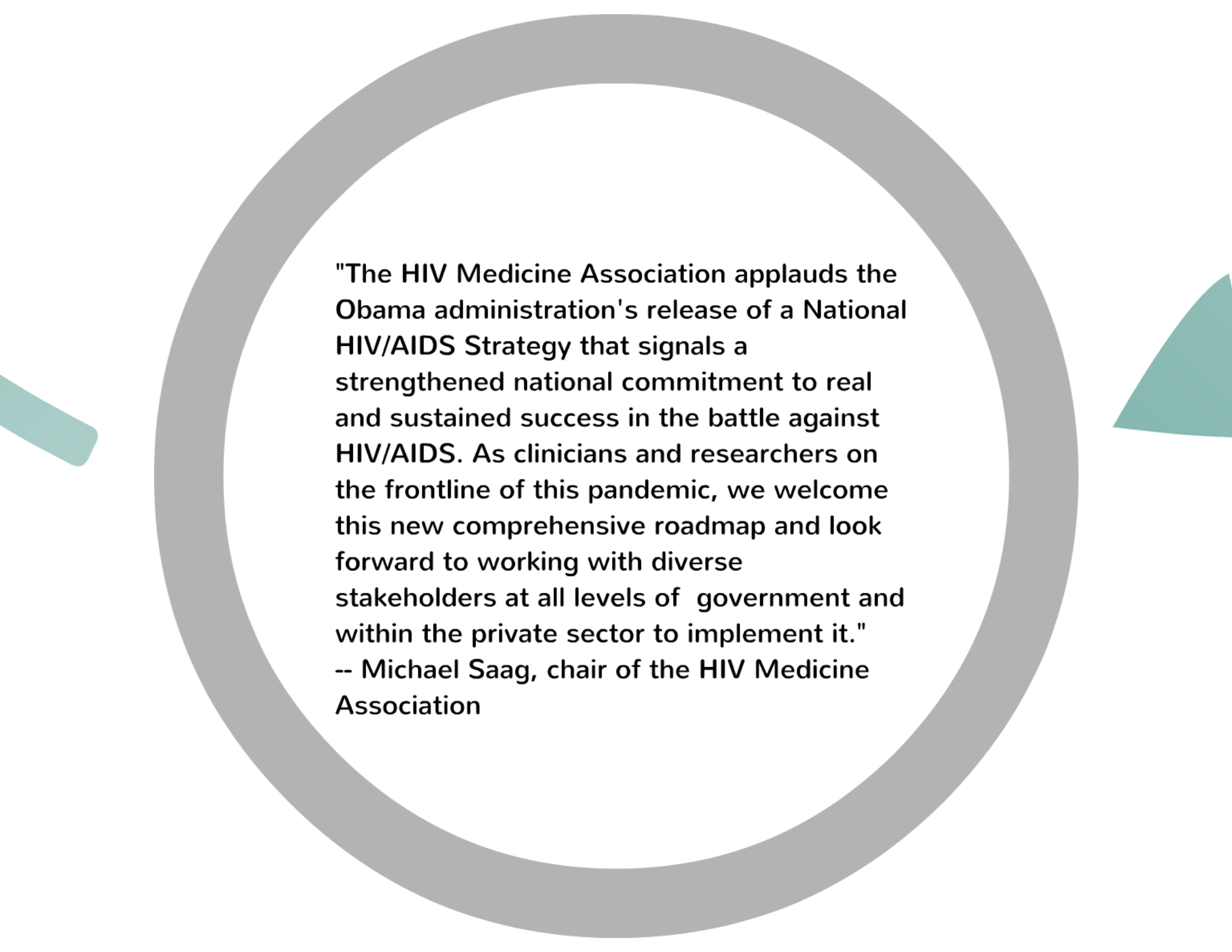


**"The president's plan is so flawed
that it might actually represent a step
backwards in combating HIV and
AIDS in the United States. "**

**-- Charles King, Housing Works
President and CEO**

"There is really no 'there' there. This strategy is a day late and a dollar short: 15 months in the making, and the White House learned what people in the field have known for years. There is no funding, no 'how to,' no real leadership."

-- Michael Weinstein, President,  AIDS Healthcare Foundation.

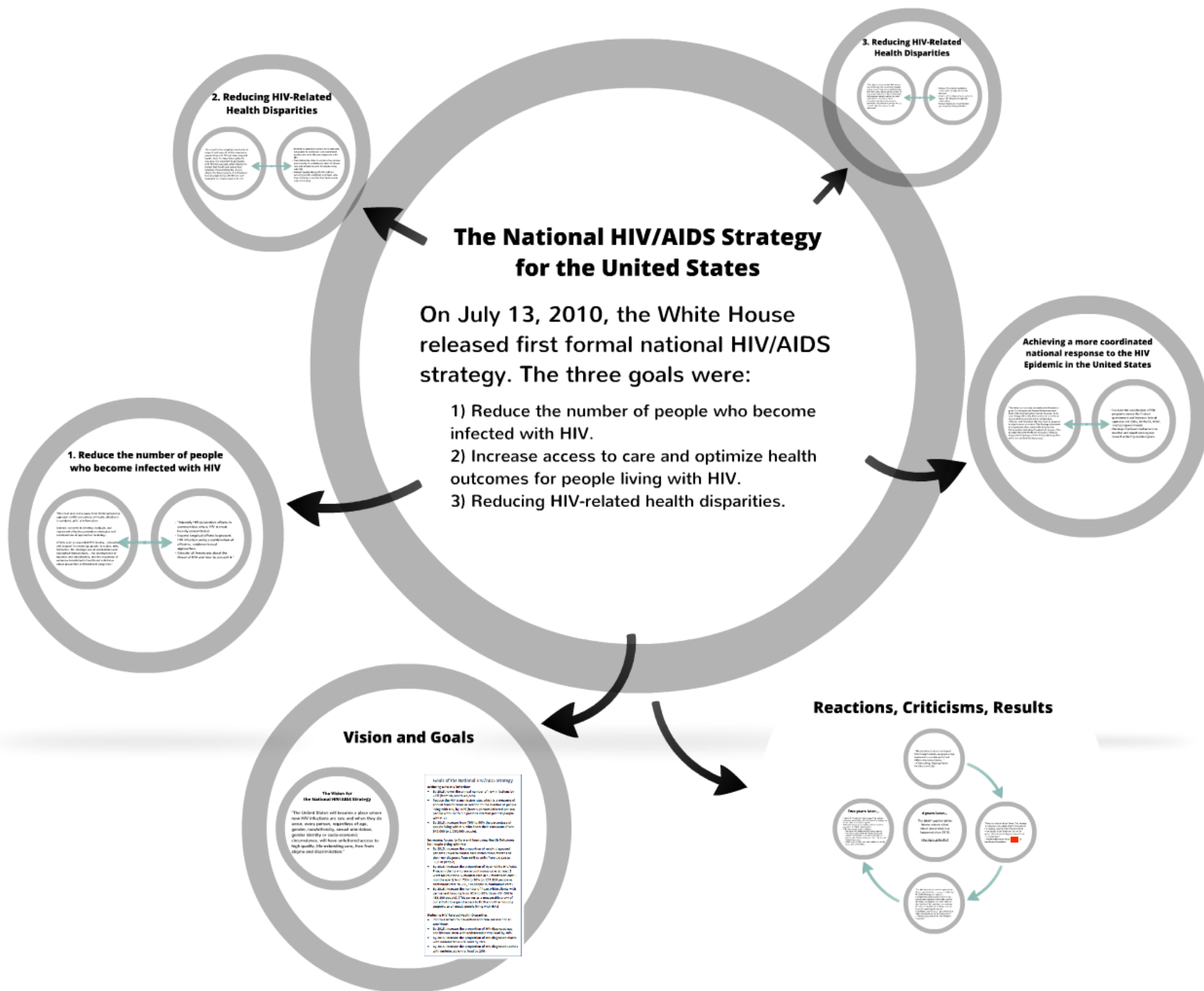


"The HIV Medicine Association applauds the Obama administration's release of a National HIV/AIDS Strategy that signals a strengthened national commitment to real and sustained success in the battle against HIV/AIDS. As clinicians and researchers on the frontline of this pandemic, we welcome this new comprehensive roadmap and look forward to working with diverse stakeholders at all levels of government and within the private sector to implement it."

-- Michael Saag, chair of the HIV Medicine Association

Two years later...

- In 2012, The Treatment Action Group (TAG) hosted a conference on revitalizing NHAS because the Strategy, so far, had failed to live up to its goals.
- Neither the money nor the political will had existed to succeed in the NHAS implementation.
- TAG made several recommendations:
 - Develop an HIV implementation science agenda.
 - Improve outcomes in the HIV treatment cascade.
 - Optimize investments in HIV prevention and care.
 - Advocate for effective implementation of the ACA and Medicaid expansion.
 - Mobilize communities and build coalitions for health access and human rights.



4 years later...

The ONAP and the White House release a fact sheet about what has happened since 2010:

<http://goo.gl/6ezKvZ>